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Fill in this information to identify your c	ase:		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	_	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

identity to	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name	About Debtor 1.	About Debtor 2 (Opouse Only in a bonk base).
Write the name that is or government-issued pictu- identification (for examp your driver's license or passport).	re First Name	First Name Middle Name
ρασσροιτή.	Schillaci	
Bring your picture identification to your med	Last Name eting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last 8 years	First Name	First Name
Include your married or	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digits of your Social Security	xxx - xx - <u>6</u> <u>1</u> <u>0</u> _	xxx - xx
number or federal Individual Taxpayer	OR	OR
Identification number (ITIN)	9xx - xx	9xx - xx

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Del	btor 1 James S. Schillaci		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers	✓ I have not used any business names or EI	Ns. I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and	Business name	Business name
	doing business as names	Business name	Business name
5.	Where you live	EIN	EIN If Debtor 2 lives at a different address:
		860 Osage Terrace	
		Number Street	Number Street
		Wauconda IL 60084	
		City State ZIP Code	City State ZIP Code
		Lake	•
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
E	Part 2: Tell the Court Al	bout Your Bankruptcy Case	
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the top	Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.
	are choosing to file under	✓ Chapter 7	
		Chapter 11	
		Chapter 12	
		☐ Chapter 13	

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Debtor 1 James S. So		chillaci	Case number (if known)					
8.	How you will pay the	c p	ourt for more details about ay with cash, cashier's che	en I file my petition. Pleas how you may pay. Typicall ck, or money order. If your by with a credit card or chec	y, if you are pay attorney is sub	ring the fee yourself, yourself, you	ou may	
				tallments. If you choose the gree in Installments (Office		• • • • • • • • • • • • • • • • • • • •	tion for	
		E ti fe	y law, a judge may, but is n nan 150% of the official pov ee in installments). If you c	aived (You may request thin not required to, waive your fiverty line that applies to you hoose this option, you musform 103B) and file it with y	ee, and may do ur family size an t fill out the App	so only if your incomed you are unable to pa	e is less y the	
9.	Have you filed for	☑ N	lo					
	bankruptcy within the last 8 years?		es.					
	•	Distric	t	When	MM / DD /)000/	Case number		
		Distric				Case number		
		Dietrie	+					
		Distric	t	when	MM / DD / YYYY	Case number		
10.	Are any bankruptcy	√ N	lo					
	cases pending or bei filed by a spouse who	\	es.					
	not filing this case w you, or by a business	Dento	r		Relationsh	ip to you		
	partner, or by an	Distric	t	When		Case number,		
	affiliate?				MM / DD / YYYY	if known		
		Debto	r		Relationsh	iip to you		
		Distric	t	When		Case number,		
11.	Do you rent your residence?		residence? No. Go to line 1 Yes. Fill out Init	ained an eviction judgment		d do you want to stay i	•	

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Deb	tor 1	James S. Schillaci				Case number (i	if known)		
P	art 3:	Report About Ar	ıy Bı	usine	sses You Own as a	a Sole Proprietor			
12.	-	a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.				Name of business, if any Number Street				
					Health Care Busin Single Asset Rea Stockbroker (as c	box to describe your business: ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C. § 101(53A) er (as defined in 11 U.S.C. § 100 er (as defined in 11 U.S.C. § 100 er	101(27A)) C. § 101(51B))	ZIP Co	de
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business			set ap	ppropriate deadlines. If you	the court must know whether you indicate that you are a small nent of operations, cash-flow state to exist, follow the procedure in	ll business deb atement, and fe	otor, you ederal in	must attach your come tax return
	debtor?			No.	I am not filing under C	hapter 11.			
		finition of small s debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bu	siness debtor a	accordin	g to the definition in
	11 U.S.C. § 101(51D).			Yes.	I am filing under Chapt Bankruptcy Code.	ter 11 and I am a small busines	s debtor accor	ding to tl	he definition in the
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous F	Property or Any Property	y That Need	is Imm	ediate Attention
14.	4. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			No Yes.	What is the hazard?				
			afety? Or do you own ny property that needs		If immediate attention is needed, why is it needed?				
	perishal livestoc	mple, do you own ole goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City	<u> </u>	state	ZIP Code

Debtor 1 Ja	ames S. Schillaci	Case number (if known)	

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

	a to receive a briefing about					
credit counseling because of:						
☐ Incapacity.	I have a mental illness or a mental					

I I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1	James S. Schillaci					Case number (if	know	n)
Ρ	art 6:	Answer These Q	uest	ions for	Reporting Pu	rpos	ses		
16. What kind of debts do you have?				as "inc			sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b	money			iness debts? Business debt ment or through the operation		debts that you incurred to obtain e business or investment.
			16c	. State t	he type of debts yo	u ow	e that are not consumer or bus	siness	s debts.
17. Are you filing under Chapter 7?					am not filing under	oter 7. Go to line 18.			
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution cured creditors?			dministrative exper		•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do imate that you		1-49 50-99 100-199 200-999			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you e your assets to h?		\$100,00	000 -\$100,000 1-\$500,000 1-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to		\$100,00	000 -\$100,000 1-\$500,000 1-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	James S. Schillaci		Case number (if known)			
Part 7:	Sign Below					
For you		I have examined this petition, and I declare and correct.	under penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		, ,	by or agree to pay someone who is not an attorney to help me head the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chapte	er of title 11, United States Code, specified in this petition.			
		•	realing property, or obtaining money or property by fraud in t in fines up to \$250,000, or imprisonment for up to 20 years, 3571.			
		X /s/ James S. Schillaci James S. Schillaci, Debtor 1	X Signature of Debtor 2			
		Executed on 10/16/2017	Executed on			

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1	James S. Schillaci		Case number (if know	າ)			
represented by of	not represented by y, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.					
		X /s/ Kenneth S. Borcia Signature of Attorney for Debtor	Date	10/16/2017 MM / DD / YYYY			
		Kenneth S. Borcia					
		Printed name Kenneth S. Borcia & Associates					
		Firm Name 1117 S. Milwaukee, Suite A-3 Number Street					
		Libertyville	<u>IL</u>	60048			
		City	State	ZIP Code			
		Contact phone (847) 634-8800	Email address				
		3125988	Chata	_			
		Bar number	State				

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Fill in this	information to i	dentify your case	and this filing:	I	
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name		
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				_	if this is an ed filing
Official Fo	rm 106A/B				
Schedule	A/B: Propert	y			12/15
the asset in the filing together, sheet to this for Part 1: 1. Do you ov	e category where you both are equally re orm. On the top of a Describe Each F	ou think it fits best. Besponsible for supplying any additional pages, Residence, Buildir I or equitable interest	e as complete and accurate a ng correct information. If mo write your name and case nu	asset fits in more than one cat as possible. If two married pe ore space is needed, attach a s mber (if known). Answer eve Estate You Own or Have and, or similar property?	eople are separate ry question.
1.1. 860 Osage Te 60084 Home Lake County	errace, Wauconda	A, IL Check all Single Duple Condo Manui Land Invest Times Other Who has a Check one Debto Debto	an interest in the property?	Do not deduct secured clai amount of any secured clain Creditors Who Have Claim Current value of the entire property? \$143,000.00 Describe the nature of you interest (such as fee simple entireties, or a life estate) 100% interest Check if this is common (see instructions)	ims on Schedule D: s Secured by Property. Current value of the portion you own? \$143,000.00 our ownership ole, tenancy by the ole, if known.
			ormation you wish to add abo	out this item, such as local	_
Part 2:	r pages you have at Describe Your V pase, or have legal of	tached for Part 1. Wr ehicles or equitable interest in		_	
3. Cars, vans	s, trucks, tractors, s	sport utility vehicles, I	motorcycles		
□ No ☑ Yes					

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Deb	tor 1 James 9	S. Schillaci	Ca	se number (if known)	
3.1. Mak		Hyundai	Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla	ims on Schedule D:
Mod	lel:	Tuscon	Debtor 1 only	Creditors Who Have Claim	ns Secured by Property.
Yea	r:	2000	Debtor 2 only	Current value of the	Current value of the
Арр	roximate mileage:	100,000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property? \$2,000.00	portion you own? \$2,000.00
Othe	er information:			Ψ2,000.00	Ψ2,000.00
200 mile	-	on (approx. 100000	Check if this is community property (see instructions)		
4.	Examples: Boats	•	s and other recreational vehicles, other veh al watercraft, fishing vessels, snowmobiles, r	•	
	✓ No ☐ Yes				
5.			own for all of your entries from Part 2, incl Part 2. Write that number here	_	\$2,000.00
Pa	art 3: Descr	ibe Your Personal	and Household Items		
Doy	you own or have a	any legal or equitable in	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	-	ls and furnishings appliances, furniture, lin	ens, china, kitchenware		
	☐ No ☑ Yes. Describ	e Bedroom furnit furniture	ure, washer, dryer, kitchen table, refri	gerator, living room	\$1,000.00
7.	•		video, stereo, and digital equipment; computevices including cell phones, cameras, media		
	✓ No ☐ Yes. Describ	e			
8.		ues and figurines; paintir	ngs, prints, or other artwork; books, pictures, ocollections; other collections, memorabilia, co	-	
	✓ No ☐ Yes. Describ	e			
9.	Examples: Sports		e, and other hobby equipment; bicycles, pool tools; musical instruments	tables, golf clubs, skis;	
	✓ No✓ Yes. Describ	e			
10.		s, rifles, shotguns, amm	unition, and related equipment		
	✓ No Yes. Describ	e			
11.		day clothes, furs, leathe	r coats, designer wear, shoes, accessories		
	☐ No ☑ Yes. Describ	e Everyday clothi	ing and shoes		\$50.00

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Deb	tor 1 James S. Schilla	aci	Case number (if known)	
12.		ry, costume jewelry, engagement rin	gs, wedding rings, heirloom jewelry, watches, gems,	
	gold, silver ☐ No ☐ Yes. Describe wat	cch & wedding ring		\$50.00
13.	Non-farm animals Examples: Dogs, cats, bird	s, horses		
	No ✓ Yes. Describe 2 de			\$50.00
14.	Any other personal and he did not list	ousehold items you did not alread	dy list, including any health aids you	
	✓ No Yes. Give specific information			
15.			ding any entries for pages you have	\$1,150.00
P	art 4: Describe You	ır Financial Assets		
		or equitable interest in any of the	following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have petition	e in your wallet, in your home, in a s	afe deposit box, and on hand when you file your	
	□ No ☑ Yes		Cash:	\$0.00
17.	Examples: Checking, savir	es, and other similar institutions. If	tificates of deposit; shares in credit unions, you have multiple accounts with the same	
	□ No ☑ Yes	Institution name:		
	17.1. Checking acc	ount: Checking account W	auconda Community Bank	\$3,000.00
18.	Bonds, mutual funds, or p Examples: Bond funds, inv	oublicly traded stocks estment accounts with brokerage file	rms, money market accounts	
	✓ No ☐ Yes	Institution or issuer name:		
19.		and interests in incorporated and the and the and the and the state and the an	d unincorporated businesses, including	
	✓ No Yes. Give specific information about them	Name of entity:	% of ownership:	
20.	Negotiable instruments incl	•	I non-negotiable instruments cks, promissory notes, and money orders. become by signing or delivering them.	
	✓ No Yes. Give specific information about them	Issuer name:		

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Deb	tor 1	James S. Schil	laci	Cas	se number (if known)	
21.		ement or pension acomples: Interests in IRA profit-sharing p	A, ERISA, Keogh, 401	(k), 403(b), thrift savings accounts, or c	other pension or	
		No 'es. List each account separately.	Type of account: 401(k) or similar plan:	Institution name: Social Security & VA		Unknown
22.	Your :		deposits you have mad	e so that you may continue service or ent, public utilities (electric, gas, water)		
	☑ Y	lo /es	lr	stitution name or individual:		
23.	☑ N	lo	a specific periodic pay	ment of money to you, either for life or	for a number of years)	
24.	Intere	ests in an education		n a qualified ABLE program, or unde	r a qualified state tuition pro	ogram.
	☐ Y		Institution name and	description. Separately file the record	ds of any interests. 11 U.S.C.	§ 521(c)
25.	powe	ers exercisable for y		ty (other than anything listed in line	1), and rights or	
	_	No 'es. Give specific nformation about ther	m			
26.				s, and other intellectual property; oceeds from royalties and licensing ago	reements	
	Π̈́Υ	No /es. Give specific nformation about ther	m			
27.		•	d other general intanits, exclusive licenses,	gibles cooperative association holdings, liquo	or licenses, professional licen	ses
		No 'es. Give specific nformation about ther	m			
Mor	ney or	property owed to yo	ou?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		refunds owed to you	J			
		es. Give specific inf			Federal	:
	y	about them, including you already filed the re	eturns		State:	
	а	and the tax years			Local:	

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Deb	tor 1	James S. Schillaci		Case numb	er (if known)	
29.	Exampl	support les: Past due or lump sur	n alimony, spousal support,	child support, maintenance, divorc	e settlement, propert	y settlement
	✓ No ☐ Yes	s. Give specific information	on		Alimony:	
					Maintenance:	
					Support:	
					Divorce settlement	
					Property settlemen	t:
30.		. •	ility insurance payments, dis	sability benefits, sick pay, vacation pans you made to someone else	pay, workers'	
	✓ No	s. Give specific information	on			
31.		ts in insurance policies les: Health, disability, or l	life insurance; health saving	s account (HSA); credit, homeowne	er's, or renter's insura	nce
	con	s. Name the insurance npany of each policy	Company name:	Beneficiary:	Su	ırrender or refund value:
			Life & Health	Children		\$0.00
32.	If you are entitled No		use someone has died	ho has died om a life insurance policy, or are cι	urrently	
33.		-	hether or not you have file ent disputes, insurance claim	d a lawsuit or made a demand fons, or rights to sue	r payment	
	✓ No ☐ Yes	s. Describe each claim				
34.		ontingent and unliquida	ated claims of every nature	e, including counterclaims of the	debtor and	
	✓ No ☐ Yes	s. Describe each claim				
35.	Any fin	ancial assets you did no	ot already list			
	✓ No ☐ Yes	s. Give specific information	on			
36.				luding any entries for pages you		\$3,000.00
Pá	art 5:	Describe Any Busir	ness-Related Property	/ You Own or Have an Inter	est In. List any	real estate in Part 1.
37.	Do you	own or have any legal (or equitable interest in any	business-related property?		
	ب	Go to Part 6. Go to line 38.				

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Deb	tor 1	James S. Schillaci	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable or commissions you already earned		·
	✓ No ☐ Yes	. Describe		
39.		quipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax m desks, chairs, electronic devices	achines, rugs, telephones,	
	✓ No ☐ Yes	. Describe		
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of you	ur trade	
	✓ No ☐ Yes	. Describe		
41.	Invento	ry		
	✓ No ☐ Yes	. Describe		
42.	Interest	s in partnerships or joint ventures		
	✓ No ☐ Yes	. Describe Name of entity:	% of ownership:	
43.	Custom	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as defined in No Yes. Describe	n 11 U.S.C. § 101(41A))?	
44.	Any bus	siness-related property you did not already list		
	✓ No Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries for d for Part 5. Write that number here		\$0.00
Pa		Describe Any Farm- and Commercial Fishing-Related Prop f you own or have an interest in farmland, list it in Part 1.	perty You Own or Have a	n Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commercial	fishing-related property?	
		Go to Part 7 Go to line 47.		
4-	F			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm an	nimals es: Livestock, poultry, farm-raised fish		
	✓ No			
	☐ Yes			

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Deb	tor 1 James S. Schillaci	Case nu	mber (if known)	
48.	Cropseither growing or harvested			
	✓ No ☐ Yes. Give specific information			
49.	Farm and fishing equipment, implements, machinery, fixtures,	and tools of trade		
	☑ No Yes			
50.	Farm and fishing supplies, chemicals, and feed			
	✓ No ☐ Yes			
51.	Any farm- and commercial fishing-related property you did not	already list		
	✓ No ☐ Yes. Give specific information			
52.	Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here			\$0.00
Pa	Trt 7: Describe All Property You Own or Have an In	terest in That You D	oid Not List Above	>
53.	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership	?		
	✓ No✓ Yes. Give specific information.			
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here	→	\$0.00
Pa	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		→	\$143,000.00
56.	Part 2: Total vehicles, line 5	\$2,000.00		
57.	Part 3: Total personal and household items, line 15	\$1,150.00		
58.	Part 4: Total financial assets, line 36	\$3,000.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$6,150.00	Copy personal property total	+ \$6,150.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$149,150.00

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Fill in this inf	ormation to i	dentify your o	case:				
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name				
Debtor 2							
(Spouse, if filing)		Middle Name			1010		
United States Ba	nkruptcy Court to	or the: NOR I HE	RN DISTRICT OF I	LLIN	IOIS	Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C	: The Prope	erty You Cl	aim as Exemp	ot		04/16	ì
Using the property	you listed on Scill out and attach	hedule A/B: Prope to this page as m	erty (Official Form 10	6A/B)	as your source, list th	responsible for supplying correct information. ne property that you claim as exempt. If more essary. On the top of any additional pages,	
is to state a speci exempted up to the receive certain be exemption of 100° property is determ	fic dollar amour ne amount of any nefits, and tax-e % of fair market nined to exceed	at as exempt. Alt y applicable state exempt retiremer value under a la that amount, you	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	clair cemp imite mpti	n the full fair market tionssuch as those d in dollar amount. on to a particular dol	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the ble statutory amount.	
	· · ·	-	-				_
_ ~	exemptions are	-	Check one only, kruptcy exemptions.		if your spouse is filing	with you.	
<u> </u>	-		J.S.C. § 522(b)(2)	110.	3.C. 9 322(b)(3)		
2. For any prop	ertv vou list on	Schedule A/B th	at vou claim as exer	npt. f	ill in the information	below.	
Brief description			Current value of	•	ount of the	Specific laws that allow exemption	
Schedule A/B that			the portion you own		mption you claim	opecine laws that allow exemption	
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description:			\$143,000.00		\$0.00	735 ILCS 5/12-901	
Home	- 4/D 4.4				100% of fair market value, up to any		
Line from Schedule	e A/B:1.1				applicable statutory limit		
Brief description:			\$2,000.00	$\overline{\mathbf{V}}$	\$0.00	735 ILCS 5/12-1001(c)	_
2000 Hyundai Timiles)	uscon (approx	. 100000			100% of fair market value, up to any		
Line from Schedule	e A/B: 3.1				applicable statutory		
							_
-	•		more than \$160,375° rears after that for cas		ed on or after the date	e of adjustment.)	
☑ No							
Yes. Did	you acquire the	property covered	by the exemption wit	hin 1	,215 days before you t	filed this case?	
□ No □ Yes							

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James 5. Schillaci	Case number (if known)						
Part 2: Additional Page							
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption ye		Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only o					
Brief description: Bedroom furniture, washer, dryer, kitchen table, refrigerator, living room furniture Line from <i>Schedule A/B</i> :6	\$1,000.00	100% of value, up	f fair market p to any ole statutory	735 ILCS 5/12-1001(b)			
Brief description: Everyday clothing and shoes	\$50.00	100% of	50.00 f fair market	735 ILCS 5/12-1001(a), (e)			
Line from Schedule A/B:11		value, u applicab limit	p to any ble statutory				
Brief description: watch & wedding ring	\$50.00	<u> </u>	50.00 f fair market	735 ILCS 5/12-1001(b)			
Line from Schedule A/B:12		value, u applicab limit	p to any ole statutory				
Brief description: 2 dogs	\$50.00	<u> </u>	50.00 f fair market	735 ILCS 5/12-1001(b)			
Line from Schedule A/B:13		value, u	p to any ble statutory				
Brief description:	\$0.00	<u> </u>	60.00 f fair market	735 ILCS 5/12-1001(b)			
Line from Schedule A/B:16		value, u					
Brief description: Checking account Wauconda Community Bank Line from Schedule A/B:	\$3,000.00	100% of value, up	900.00 f fair market p to any ole statutory	735 ILCS 5/12-1001(b)			

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Fill in this info	ormation to identif	v vour caca:				
Debtor 1	James S		Schillaci			
Debter 1		iddle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name M	iddle Name	Last Name			
United States Bar	nkruptcy Court for the: N	ORTHERN DIST	RICT OF ILLINOIS	<u>s</u>		
Case number (if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Who	Have Claim	s Secured by	Property		12/15
correct informatio On the top of any a 1. Do any credit No. Chee Yes. Fill Part 1: List	nd accurate as possible n. If more space is nee additional pages, write ors have claims secure ck this box and submit th in all of the information b t All Secured Claim	eded, copy the Advour name and cased by your propert is form to the courselow.	ditional Page, fill it of ase number (if know by? by? t with your other sche	out, number the entri	es, and attach it to this	s form.
claim, list the c creditor has a	ed claims. If a creditor loreditor separately for eaparticular claim, list the lible, list the claims in alpee.	ach claim. If more to the creditors in P	han one art 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the pro		\$130,800.00	\$142,000.00	
Ocwen		- Home	III .			
Creditor's name P.O. Box 6440		_				
Number Street						
As of the date you file, the claim is: Check all that apply. Carol Stream IL 60197-6440 Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)						
Date debt was inc	-	_ Last 4 digits of a	account number			
Surrender after I	roreciosufe					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$130,800.00

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Debtor 1 James S. Schillaci		_ Case number (if	known)	
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
West Ridge Cemetery Creditor's name 7014 S. Rawson Bridge Rd Number Street	Describe the property that secures the claim: Cemetery Plot	\$4,000.00	\$0.00	\$4,000.00
Cary IL 60013 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset)	mortgage or secured	car loan)	
Date debt was incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$134,800.00

\$4,000.00

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Debtor 1	James S. Schillaci			Case number (if known)	
Part 2:	List Others to Be Notified	l for a l	Debt That You	Already Listed	
example, if then list the	a collection agency is trying to co e collection agency here. Similarl litional creditors here. If you do no	ollect from	m you for a debt have more than o	ptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, s to be notified for any debts in Part 1, do not fill out or	
Nan	e Wirbicki Law Group, LLC ne West Monroe St., Ste#1140			On which line in Part 1 did you enter the creditor? Last 4 digits of account number	2.1
	mber Street				_
Ch City	icago	IL State	60603 ZIP Code	_ _	

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Fill in this inf	ormation to iden			
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the			
Case number (if known)				Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors	have priority	unsecured claims	against you?
----	------------------	---------------	------------------	--------------

No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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Debtor 1	James S. Schillaci	Case number (if known)
Part 2:	List All of Your NONPRIORITY	Y Unsecured Claims
3. Do any	y creditors have nonpriority unsecured	claims against you?
— —	 You have nothing to report in this part. 	Submit this form to the court with your other schedules.
If a cre type of	ditor has more than one nonpriority unsect claim it is. Do not list claims already include	in the alphabetical order of the creditor who holds each claim. sured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in nsecured claims, fill out the Continuation Page of Part 2. Total claim
4.1		
	Revenue Systems	Last 4 digits of account number \$25.00
	editor's Name	When was the debt incurred?
P.O.Box 1 Number	3077 Street	As of the date you file, the claim is: Check all that apply.
Number	Sueet	Contingent
		Unliquidated
Des Moine	es IA 50310-0077	Disputed
City	State ZIP Code	- Type of NONPRIORITY unsecured claim:
	ed the debt? Check one.	☐ Student loans
☐ Debtor ☐ Debtor ☐	•	Obligations arising out of a separation agreement or divorce
ш	1 and Debtor 2 only	that you did not report as priority claims
_	one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
Check	if this claim is for a community debt	Other. Specify
	subject to offset?	
☑ No	•	
☐ Yes		
Collecting	for McHenry Radiologists	
4.2		¢22.202.00
	Hoalth Systom	Last 4 digits of account number
	Health System editor's Name	When was the debt incurred?
P.O. Box 1		
Number	Street	As of the date you file, the claim is: Check all that apply. Contingent
		Unliquidated
Weedstee	.l. II 60000	Disputed
Woodstoo	IL 60098 State ZIP Code	- Type of NONPRIORITY unsecured claim:
Who incurr	ed the debt? Check one.	Student loans
Debtor		Obligations arising out of a separation agreement or divorce
☐ Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims
_	one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
	if this claim is for a community debt	Other. Specify
	subject to offset?	
☑ No	•	
Yes		

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Debtor 1 James S. Schillaci	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$12,349.00
Centegra Health System	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 864	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
	— ☐ Disputed	
Mahwah NJ 07430 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
No		
Yes		
4.4		\$1,761.00
H&R Accounts Nonpriority Creditor's Name	Last 4 digits of account number	
5320 22nd Ave.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ U	
Malina II CAOCC	Disputed	
Moline IL 61266 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 James S. Schillaci	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.5		\$2,077.00
Harris & Harris	Last 4 digits of account number	
Nonpriority Creditor's Name 111 W. Jackson Blvd.,Ste. 400	When was the debt incurred?	
Number Street	 As of the date you file, the claim is: Check all that apply. Contingent 	
	Unliquidated	
Chicago IL 60604	─	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	-	
Is the claim subject to offset? No		
Yes		
Collecting for Centegra Primary Care		
4.6		\$800.00
Kanu Panchal MD Nonpriority Creditor's Name	Last 4 digits of account number	
4309 W. Medical Ctr. Dr., Ste. B301	When was the debt incurred? As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
McHenry IL 60050-8419 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?		
☑ No		
□ Yes		

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Debtor 1 James S. Schillaci	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.7		\$89.00
Lake McHenry Pathology Assoc.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
520 E. 22nd St. Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Lambard II 60449 6440	Disputed	
Lombard IL 60148-6110 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No ☐ Yes		
4.8		\$40.00
McHenry Radiologists and Imaging Assoc.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 220 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Mallanes II 00054	Disputed	
McHenry IL 60051 City State ZIP Code	Turns of NONDDIODITY are accounted alsima	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
No You		
Yes		
4.9		\$561.00
McHenry Pathology Assoc.	Last 4 digits of account number	Ψοστισο
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 698		
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Park Ridge IL 60068-0698 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No		
Yes		

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After listing any entries on this page, number them sequentially from the previous page. 4.10 Midwest Radiation Oncology Consultants Nompriority Conducts Name 4400 Garfield Nombre Street Clinton Township MI 48038 Cay State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Yes 4.11 Nombre Street Monopriority Criditor's Name 4.11 Nombre Street Men was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Type of Nonpriority Criditor's Name When was the debt incurred? 4.111 As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed State ZiP Code Who incurred the debt? Cay State ZiP Code Who incurred the debt? Check if this claim is for a community debt is the claim subject to offset? Type of NoNPRIORITY unsecured claim: Student loans When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Student loans Student loans Student loans Student loans Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Contingent Check if this claim is for a community debt is the claim subject to offset? Type of NoNPRIORITY unsecured claim: Student loans Contingent Check if this claim is for a community debt is the claim subject to offset?
At least one of the debtor 2 only Debtor 1 and Debtor 2 only Yes
Miciwest Radiation Oncology Consultants Last 4 digits of account number
Midwest Radiation Oncology Consultants Nonpriority Creditor's Name 44000 Garfield Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Di
Adolt
As of the date you file, the claim is: Check all that apply. Clinton Township MI 48038
Clinton Township MI 48038 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? All 11 Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of Nonpriority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
Disputed Disputed
Clinton Township MI 48038 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Poebtor 1 and Debtor 2 only □ Poebtor 3 deptared by the Claim subject to offset? □ Northwest Radiology Assoc. □ Last 4 digits of account number □ Check if this claim is for a community debt Is the claim subject to offset? □ Poebtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ No Province The Province Prov
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ Nonprointy Creditor's Name Street □ Check if this claim is for a community debt is the claim subject to offset? □ Nonprointy Creditor's Name Street □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 5 only □ Debtor 1 only □ Debtor 1 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only Debtor 2 only □ Debtor 1 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only □ Debtor 5 only Debtor 5 only □ Debtor 6 only Debtor 6 only Debtor 8 only 0 only
□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Northwest Radiology Assoc. □ Assoc. □ Last 4 digits of account number □ Check if this claim subject to offset? □ Northwest Radiology Assoc. □ Last 4 digits of account number □ Check if this claim is for a community debt Is the claim subject to offset? □ Northwest Radiology Assoc. □ Last 4 digits of account number □ When was the debt incurred? ■ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ 4.11 □ Northwest Radiology Assoc. □ Last 4 digits of account number □ Check if the claim subject to offset? □ Nonopriority Creditor's Name 520 E. 22nd St. □ Number Street □ No Street □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Northwest Radiology Assoc. Last 4 digits of account number □ When was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ No
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.11 Northwest Radiology Assoc. Nonpriority Creditor's Name 520 E. 22nd St. Number Street City Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt is the claim subject to offset? No No Northwest Radiology Assoc. Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.11 Northwest Radiology Assoc. Nonpriority Creditor's Name 520 E. 22nd St. Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No State ZIP Code Check if this claim is for a community debt Is the claim subject to offset? No City Check if this claim is for a community debt Is the claim subject to offset? No No No State ZIP Code Check one. Check one. Check if this claim is for a community debt Is the claim subject to offset?
Is the claim subject to offset? No No Northwest Radiology Assoc. Norpriority Creditor's Name Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No \$36.00 \$36.00 \$36.00 \$36.00 \$36.00 \$36.00 \$36.00 **Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
Northwest Radiology Assoc. Last 4 digits of account number Nonpriority Creditor's Name Street When was the debt incurred?
Northwest Radiology Assoc. Nonpriority Creditor's Name 520 E. 22nd St. Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No
Nonpriority Creditor's Name 520 E. 22nd St. Number Street Lombard IL 60148 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans ○ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ○ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify
Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
Lombard IL 60148 City State ZIP Code Check one. Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No
Lombard IL 60148 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Unliquidated Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify
Lombard City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No
City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No
✓ At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No
Is the claim subject to offset? ☑ No
☑ No
4.12 \$413.00
NWPSM Crystal Lake Nonpriority Creditor's Name Number Last 4 digits of account number
P.O. Box 859 when was the debt incurred?
Number Street As of the date you file, the claim is: Check all that apply.
Contingent
Disputed
Crystal Lake IL 60039 City State ZIP Code Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.
Debtor 1 only
Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only
☐ Dante to page on a profit_charing plane, and other similar debte
At least one of the debtors and another
At least as a 4 the state and a set as a 4 seather a 1 Debts to pension of profit-strating plans, and other similar debts
At least one of the debtors and another Other. Specify

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Debtor 1 James S. Schillaci	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number their previous page.	m sequentially from the	Total claim
4.13		\$685.00
Quest Diagnostics	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 740397 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Cincinnati OH 45274-0397	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?		
₩ No		
Yes		
414		•
4.14		\$1,263.00
Quest Diagnostics Nonpriority Creditor's Name	_ Last 4 digits of account number	
1355 Mittle Blvd.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Attn:Patient Billing	_ ☑ Contingent ☐ Unliquidated	
	□ Disputed	
Wood Dale IL 60191-1024		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
Mo Vos		
Yes		
4.15		\$35.00
Radiation Oncology Assoc.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
111 Loder St., Ste. B Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Hornell NY 14843	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset? No		
Yes Yes		

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Debtor 1 James S. Schillaci			Case number (if known)		
Part 3:	List Others to Be	e Notified Ab	t a Debt That You Already Listed		
For exa credito debts t	mple, if a collection ag r in Parts 1 or 2, then I	gency is trying ist the collection 1 or 2, list the a	notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. to collect from you for a debt you owe to someone else, list the original on agency here. Similarly, if you have more than one creditor for any of the additional creditors here. If you do not have additional parties to be notified for ubmit this page.		
Northwest Community Hospital			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name P.O. Box 22215 Number Street			Lineof (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
Beachwoo City	d OH	44122 ZIP Code	Last 4 digits of account number		

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Debtor 1	James S. Schillaci	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$43,749.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$43,749.00

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Fill in this information to identify your case:						
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number (if known) Check if this is an amended filling						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill	in this inf	ormation to	identify your case	:	
Deb	otor 1	James	S.	Schillaci	
		First Name	Middle Name	Last Name	_
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	_
			or the: NORTHERN D	STRICT OF ILLINOIS	
		mapley Court	or the <u>11011111111111</u>		_
	se number nown)				Check if this is an amended filing
Offi	cial Form	106H			
		Your Cod	lebtors		12/15
two n need page	narried peopled, copy the . On the top	e are filing tog Additional Pag of any Addition	ether, both are equally e, fill it out, and numbe aal Pages, write your n	r responsible for supplying er the entries in the boxes ame and case number (if k	Be as complete and accurate as possible. If g correct information. If more space is on the left. Attach the Additional Page to this known). Answer every question.
ļ	Do you have ☐ No ☑ Yes	any codebtors'	? (If you are filing a jo	int case, do not list either sp	oouse as a codebtor.)
i	 Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes 				
I	In Column 1, person show creditor on S	list all of your on in line 2 again The chedule D (Offi	n as a codebtor only if	that person is a guarantonedule E/F (Official Form 10	ebtor if your spouse is filing with you. List the ror cosigner. Make sure you have listed the 6E/F), or <i>Schedule G</i> (Official Form 106G). Use
	Column 1:	Your codebto	r		Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
	Chausa	Jama Nat Ent	لمسمط		
3.1	Name Name	Name Not Ent	erea		Schedule D, line
	Number	Street			Schedule E/F, line 4.1
					Schedule G, line
					Business Revenue Systems
	City		State	ZIP Code	
3.2		Name Not Ent	ered		□ Schedule D. line
	Name				Schedule D, line
	Number	Street			Schedule E/F, line 4.2
	-				Schedule G, line
	City		01-1-	ZID Code	Centegra Health System
	City		State	ZIP Code	

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Debloi	James S. Schillaci			Case number (if known)
	Additional Page to List M	More Code	btors	
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.3	Spouse Name Not Entered			Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.3
				Schedule G, line Centegra Health System
	City	State	ZIP Code	— Oomogra Houmi Oyotom
3.4	Spouse Name Not Entered			
0.4	Name			
	Number Street			Schedule E/F, line 4.4
				Schedule G, line
	City	State	ZIP Code	H&R Accounts
	,	Otate	211 0000	
3.5	Spouse Name Not Entered Name			Schedule D, line
	Number Street			Schedule E/F, line 4.5
				Schedule G, line
				Harris & Harris
	City	State	ZIP Code	
3.6	Spouse Name Not Entered			Schedule D, line
	Number Street			Schedule G, line
				Kanu Panchal MD
	City	State	ZIP Code	_
3.7	Spouse Name Not Entered			Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.7
				Schedule G, line Lake McHenry Pathology Assoc.
	City	State	ZIP Code	— Lake mortelly radiology Assoc.
3.8	Spouse Name Not Entered			
3.0	Name			Schedule D, line
	Number Street			Schedule E/F, line 4.8
				Schedule G, line
	City	Ctot -	ZID Code	McHenry Radiologists and Imaging Assoc.
	CIIV	State	ZIP Code	

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Debtoi	James S. Schillaci			Case number (if known)
	Additional Page to List	More Cod	ebtors	
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.9	Spouse Name Not Entered			Schodulo D. lino
	Name			Schedule D, line
	Number Street			Schedule E/F, line 4.9
				Schedule G, line
	City	State	ZIP Code	McHenry Pathology Assoc.
		Oldio	211 0000	
3.10	Spouse Name Not Entered Name			Schedule D, line
	Number Street			Schedule E/F, line 4.10
				Schedule G, line
				Midwest Radiation Oncology Consultants
	City	State	ZIP Code	
3.11	Spouse Name Not Entered			Schedule D, line
	J Name			-
	Number Street			Schedule E/F, line 5.1
				Schedule G, line Northwest Community Hospital
	City	State	ZIP Code	— Northwest Community Hospital
0.40	Spouse Name Not Entered			
3.12	Name			Schedule D, line
	Number Street			Schedule E/F, line
				Schedule G, line
				Northwest Radiology Assoc.
	City	State	ZIP Code	
3.13	Spouse Name Not Entered			Schedule D, line
				Schedule E/F, line 4.12
	Number Street			Schedule G, line
				NWPSM Crystal Lake
	City	State	ZIP Code	<u> </u>
3.14	Spouse Name Not Entered			
L	Name			Schedule D, line
	Number Street			Schedule E/F, line 4.13
				Schedule G, line
	Citv	State	ZIP Code	Quest Diagnostics
	CILV	Siale	ZIF Code	

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Debtor	James S. Schillaci		Case number (if known)					
	Additional Page to List	More Code	btors					
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt				
				Check all schedules that apply:				
3.15	Spouse Name Not Entered Name			Schedule D, line				
	Number Street			Schedule E/F, line 4.14				
				Schedule G, line Quest Diagnostics				
	City	State	ZIP Code					
3.16	Spouse Name Not Entered Name			Schedule D, line				
	Number Street			Schedule E/F, line 4.15				
				Schedule G, line				
	City	Ctata	7ID Codo	Radiation Oncology Assoc.				
	City	State	ZIP Code					

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	ill in this inform	nation to i	dentify your case:					
	Debtor 1	James	S.	Schillac	i			
	DODIOI 1	First Name	Middle Name	Last Name	•		Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
	United States Bank			DISTRICT OF IL	LIN	ois		A supplement showing postpetition
	Case number	raptoy Court	or the. <u></u>					chapter 13 income as of the following date
	(if known)							MM / DD / YYYY
<u>O</u> 1	ficial Form 10	<u> </u>						
S	chedule I: Yo	ur Incon	ne					12/15
inc abo you	lude information a out your spouse. I ur name and case i	bout your sp f more space	ouse. If you are separ is needed, attach a se own). Answer every c	ated and your spo eparate sheet to th	ouse	is not filing w	ith y	spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplo	oyment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about		Employment status	☐ Employed ☑ Not employ	ed			☐ Employed ☑ Not employed
	additional employ	ers.	Occupation					_
	Include part-time, or self-employed	-	Employer's name					
	Occupation may in student or homen applies.		Employer's address	Number Street				Number Street
								_
				City		State Zip Co	ode	City State Zip Code
			How long employed ti	here?				
			0 . ,					
P	art 2: Give I	Details Abo	out Monthly Incom	е				
	timate monthly inc n-filing spouse unles		-	n. If you have noth	ing t	o report for an	y line	, write \$0 in the space. Include your
•	, ,	, ,	more than one employ trate sheet to this form.	er, combine the inf	orma	tion for all emp	oloyeı	rs for that person on the lines below. If
						For Debtor	1	For Debtor 2 or non-filing spouse
2.			lary, and commissions monthly, calculate what		2.	\$0	0.00	\$0.00
3.	Estimate and list	monthly ove	ertime pay.		3.	+\$0	0.00	<u>\$0.00</u>
4.	Calculate gross i	income. Add	I line 2 + line 3.		4.	\$0	0.00	\$0.00

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Deb	tor 1	James S. Schillaci		Case num	ber (if kno	wn)		
				For Debtor 1	For Deb	tor 2 or ng spouse	<u>) </u>	
	Сор	y line 4 here +	4.	\$0.00		\$0.00		
5.		all payroll deductions:		•				
		Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$0.00		
		Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
		Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00			
		Required repayments of retirement fund loans	5d.	\$0.00		\$0.00		
		Insurance	5e.	\$0.00	<u>\$0.</u>			
	5f.	Domestic support obligations	5f.	\$0.00	\$0.00			
	5g.		5g.	\$0.00		\$0.00		
	on.	Other deductions. Specify:	5h. -	\$0.00		\$0.00		
6.		the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00		\$0.00		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		\$0.00		
8.		all other income regularly received:	_			•		
	8a. Net income from rental property and from operating a business, profession, or farm		8a.	\$0.00		\$0.00		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b.	Interest and dividends	8b.	\$0.00		\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00		
	8e.	Social Security	8e.	\$1,377.00	-	\$0.00		
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$263.00		\$0.00		
	8g.	8q. Pension or retirement income		\$1,577.00		\$0.00		
	8h.	8h. Other monthly income.						
	Specify: Rent		8h. 🚪	\$300.00		\$0.00		
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,517.00		\$0.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,517.00	-	\$0.00]=[\$3,517.00
11.		e all other regular contributions to the expenses that you list in S	chedu	ıle J.				
	Inclu	ude contributions from an unmarried partner, members of your househods or relatives.			roommat	es, and ot	ner	
	Do r	not include any amounts already included in lines 2-10 or amounts tha	t are r	not available to pay e	xpenses li	sted in Sc	hed	ule J.
	Spe	cify:				11.	+	\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities				12.		\$3,517.00
		applies.	anu	Dertain Statistical init	ormation,			Combined monthly income
13.	Doy	you expect an increase or decrease within the year after you file t	his fo	rm?				
		No. Yes. Explain: None.						

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F	ill in this inforr	nation to ide	ntify your case:			Cho	ck if this	io	
	Debtor 1	James First Name	S. Middle Name	Schil Last Na			An ame	ended filing lement showing	nostnetition
	Debtor 2					$ \Box$	chapter	13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na	ame	•	followin	g date:	
	United States Bank	ruptcy Court for	the: NORTHERN I	DISTRICT O	F ILLINOIS		MM / D	D / YYYY	
	Case number (if known)	-							
Of	fficial Form 10	06J							
Sc	chedule J: Yo	our Expen	ses						12/15
nai	rrect information. me and case numb	If more space is	sible. If two married in needed, attach anot haswer every questicusehold	her sheet to					
1.	Is this a joint cas	se?							
•	✓ No. Go to lir Yes. Does I No.	ne 2. Debtor 2 live in ones. Debtor 2 mus	a separate household		s for Separate House	ehold o	f Debtor	2.	
2.	Do you have dep		✓ No Yes. Fill out this	information	Dependent's relat		p to	Dependent's	Does dependent
	Do not list Debtor 1 and Debtor 2.	for each depende		Debtor 1 or Debtor 2			age	_ <u>live with you?</u> ☐ No	
	Do not state the d	dependents'							Yes No No No Yes
3.	Do your expense	es include	⊽ No						No Yes
	expenses of peo yourself and you	ple other than	Yes						
:	Part 2: Estim	ate Your One	going Monthly Ex	penses					
Est to	timate your expens	ses as of your b	ankruptcy filing date the bankruptcy is file	unless you a	_			•	
			ash government ass t on Schedule I: Your					Your expen	ses
4.			xpenses for your res				4	4	\$1,104.00
	If not included in	line 4:							
	4a. Real estate t	taxes					4	1a	
	4b. Property, hor	meowner's, or re	nter's insurance				4	4b	
	4c. Home mainte	enance, repair, a	nd upkeep expenses				4	4c	\$100.00
	4d. Homeowner'	s association or	condominium dues				4	1d	

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	James S. Schillaci	Case number (if known)	
		Your expense	es
5. <i>A</i>	Additional mortgage payments for your residence, such as home equity loans	5.	
6. l	Jtilities:		
6	a. Electricity, heat, natural gas	6a.	\$290.00
6	6b. Water, sewer, garbage collection	6b	\$70.00
6	Sc. Telephone, cell phone, Internet, satellite, and cable services	6c	\$285.00
6	d. Other. Specify:	6d	
7. F	Food and housekeeping supplies	7.	\$500.00
8. (Childcare and children's education costs	8.	
9. (Clothing, laundry, and dry cleaning	9.	\$80.00
10. F	Personal care products and services	10.	\$60.00
11. N	Medical and dental expenses	11.	\$50.00
	Fransportation. Include gas, maintenance, bus or train are. Do not include car payments.	12.	\$400.00
	Entertainment, clubs, recreation, newspapers, nagazines, and books	13.	\$40.00
14. (Charitable contributions and religious donations	14.	
	nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
1	5a. Life insurance	15a.	
1	5b. Health insurance	15b.	
1	5c. Vehicle insurance	15c.	\$80.00
1	5d. Other insurance. Specify:	15d.	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17. l	nstallment or lease payments:		
1	7a. Car payments for Vehicle 1 future payment	17a	\$350.00
1	7b. Car payments for Vehicle 2	17b	
1	7c. Other. Specify: grave site	17c	\$111.00
1	7d. Other. Specify:	17d	
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
	Other payments you make to support others who do not live with you. Specify:	19.	

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Debtor 1		James S. Schillaci	Case number (if known)			
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.				
	20a.	Mortgages on other property	20a			
	20b.	Real estate taxes	20b			
	20c.	Property, homeowner's, or renter's insurance	20c			
	20d.	Maintenance, repair, and upkeep expenses	20d			
	20e.	Homeowner's association or condominium dues	20e			
21.	Other	r. Specify:	21. +			
22.	Calcu	alate your monthly expenses.				
	22a.	Add lines 4 through 21.	22a	\$3,520.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,520.00		
23.	Calcu	ulate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,517.00		
	23b.	Copy your monthly expenses from line 22c above.	23b. _	\$3,520.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$3.00)		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you f	file this form?			
		xample, do you expect to finish paying for your car loan within the year or do you exent to increase or decrease because of a modification to the terms of your mortgag				
	V	No		_		
		Yes. Explain here: None.				
		Notice.				

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Fill in this information to identify your case:							
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number (if known)							

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$143,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$6,150.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$149,150.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$134,800.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$43,749.00
	Your total liabilities	\$178,549.00
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,517.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,520.00

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Del	otor 1	James S. Schillaci Case num	nber (if known) _			
P	art 4:	Answer These Questions for Administrative and Statistical Reco	ords			
6.	Are y	ou filing for bankruptcy under Chapters 7, 11, or 13?				
		No. You have nothing to report on this part of the form. Check this box and submit this fees	form to the court	with your	other schedules.	
7.	What	kind of debt do you have?				
		Your debts are primarily consumer debts. Consumer debts are those "incurred by an amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	•		personal,	
		Your debts are not primarily consumer debts. You have nothing to report on this part his form to the court with your other schedules.	of the form. Che	eck this b	ox and submit	
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.					
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedule E/F:				
			Total claim			
	From	Part 4 on Schedule E/F, copy the following:				
	9a. [Domestic support obligations. (Copy line 6a.)		\$0.00	-	
	9b. 7	Taxes and certain other debts you owe the government. (Copy line 6b.)		\$0.00		
	9c. (Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00		
	9d. S	Student loans. (Copy line 6f.)		\$0.00		
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)		\$0.00		
	Of [Debts to pension or profit-sharing plans, and other similar debts. (Conv. line 6h.)	+	\$0.00		

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

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Fill in this inf	ormation to	identify your case	:		
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	<u> </u>	
Case number (if known)					Check if this is an amended filing
Official Form	106Dec				
Declaration	About an	Individual Debt	or's Schedules		

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below							
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
✓ No							
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.							
X /s/ James S. Schillaci James S. Schillaci, Debtor 1	XSignature of Debtor 2						
Date <u>10/16/2017</u> MM / DD / YYYY	Date MM / DD / YYYY						

12/15

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En la distant					
		identify your case			
Debtor 1	James First Name	S. Middle Name	Schillaci Last Name	—	
Daluar 0	· not i taino	aus raine	2451145		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	—	
United States Bar	akruptov Court f	or the: NORTHERN D	ISTRICT OF ILLINOIS		
	ikiupicy Court ii	or the. NORTHLINE	ISTRICT OF ILLINOIS	—	
Case number (if known)				Check if this is an amended filing	
Official Form	107				
Statement o	f Financia	I Affairs for Ind	ividuals Filing for	r Bankruptcy	04/16
Part 1: Giv	e Details Ab	out Your Marital S	Status and Where You	ı Lived Before	
1. What is your	current marital	status?			
Married					
☐ Not marrie	ed				
2. During the las	st 3 years, have	you lived anywhere o	ther than where you live i	now?	
☑ No					
Yes. List	all of the places	you lived in the last 3 y	ears. Do not include where	you live now.	
(Community p		•	• .	a community property state or territory? uisiana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No					
☐ Yes. Mak	e sure you fill o	ut Schedule H: Your Co	debtors (Official Form 106F	i).	

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Debtor 1		James S. Schillaci			mber (if known)					
P	art 2:	Explain the Sources of	Your Income							
4.	Fill in th	have any income from employ e total amount of income you rec re filing a joint case and you have	eived from all jobs and all l	businesses, including par	t-time activities.	calendar years?				
	✓ No ☐ Yes. Fill in the details.									
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.									
	List eac	h source and the gross income fr	om each source separately	/. Do not include income	that you listed in line 4.					
	□ No ✓ Yes	. Fill in the details.								
			Debtor 1		Debtor 2					
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions				
Fro	m .lanua	ry 1 of the current year until	Social Security	\$14,666.00						
		filed for bankruptcy:	VA Disability	\$2,300.00						
	•	. ,	Retirement	\$15,770.00						
For the last calendar year: (January 1 to December 31, 2016)		calendar year:	Social Secuity	\$17,600.00						
		December 31, 2016)	VA Disability	\$2,760.00						
			Retirement	\$18,924.00						
For	the cale	ndar year before that:	Social Secuity	\$17,600.00						
		December 31, 2015)	VA Disability	\$2,760.00	· 					
(Ja	iluary i lu	YYYY YYYY	Retirement	\$18,924.00						

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Debtor 1		James S. Schillaci	Case number (if known)					
Р	art 3:	List Certain Payments You Made Be	fore You Filed for Bankruptcy					
6.	Are eith	ner Debtor 1's or Debtor 2's debts primarily cor	sumer debts?					
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person	consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as nal, family, or household purpose."					
		During the 90 days before you filed for bankrup	otcy, did you pay any creditor a total of \$6,425* or more?					
		☐ No. Go to line 7.						
		total amount you paid that creditor. D	paid a total of \$6,425* or more in one or more payments and the to not include payments for domestic support obligations, such as not include payments to an attorney for this bankruptcy case.					
		* Subject to adjustment on 4/01/19 and every 3	B years after that for cases filed on or after the date of adjustment.					
	✓ Yes	. Debtor 1 or Debtor 2 or both have primarily	consumer debts.					
		During the 90 days before you filed for bankrup	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?					
		✓ No. Go to line 7.						
			paid a total of \$600 or more and the total amount you paid that r domestic support obligations, such as child support and alimony. attorney for this bankruptcy case.					
7.	Insiders corporat agent, in	include your relatives; any general partners; relations of which you are an officer, director, person	make a payment on a debt you owed anyone who was an insider? tives of any general partners; partnerships of which you are a general partner; in control, or owner of 20% or more of their voting securities; and any managing proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations					
	✓ No ☐ Yes	. List all payments to an insider.						
8.		I year before you filed for bankruptcy, did you ed an insider?	make any payments or transfer any property on account of a debt that					
	Include	payments on debts guaranteed or cosigned by ar	insider.					
	☑ No □ Yes	. List all payments that benefited an insider.						

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Debtor 1		James S. Schillaci			Case number (if known)					
P	art 4:	Identify Legal Action	ns, Repossessions, a	and Foreclos	ures					
9.	List all s modifica	year before you filed for to uch matters, including personations, and contract disputes Fill in the details.	onal injury cases, small clai				-	_	ustody	
Cas	e title	N	Nature of the case	(Court or agency		Status	s of	the case	
Ocv	wen	F	oreclosure	(CC of the 19th Ju	idical, Lak	e County, IL	_	Donding	
				d	Court Name			✓	Pending	
				-	8 N. County				On appeal	
Cas	e numbe	17CH1377		ľ	lumber Street			П	Concluded	
				-				ш		
				_	Vaukegan City	IL State	60085 ZIP Code			
				`	only	Oldic	Zii Gode			
11.	 10. Within 1 year before you filed for bankruptcy, was any of your property seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. 11. Within 90 days before you filed for bankruptcy, did any creditor, includi amounts from your accounts or refuse to make a payment because you No Yes. Fill in the details. 12. Within 1 year before you filed for bankruptcy, was any of your property creditors, a court-appointed receiver, a custodian, or another official? ✓ No Yes 			ditor, including because you ow our property in t	a bank or financial red a debt?	institution	, set off any	t of		
13.	Within 2	years before you filed for	bankruptcy, did you give	any gifts with a	total value of mor	e than \$60	0 per person?			
14.	_	Fill in the details for each or each or each or harity?		any gifts or co	ntributions with a t	otal value	of more than \$6	i 00		
	✓ No ☐ Yes	Fill in the details for each o	gift or contribution.							

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Debtor 1		James S. Schillaci			Case nur	mber (if kn	own)	
Par	rt 6:	List Certai	in Le	osses				
	15. Within 1 year before you filed for bankrup other disaster, or gambling?			uptcy or since you filed for bankruptcy, did you	lose anyt	hing because of th	neft, fire,	
-	☑ No □ Yes	. Fill in the deta	ails.					
Par	rt 7:	List Certai	n Pa	ayments or	Transfers			
a 1 [anyone nclude No	you consulted	l abo bankr	ut seeking ba	uptcy, did you or anyone else acting on your be inkruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for servic			-
Kenr	_	. Borcia			Description and value of any property transfe	erred	Date payment or transfer was made	Amount of payment
1117	S. Mil	waukee Ave.					2017	\$1,785.00
Number Street Bldg#A-Ste#3								
Libertyville IL 60048 City State ZIP Code					_			
Email	or websit	e address			_			
Person	n Who M	ade the Payment,	if Not	You	_			
Cricket Debt Counseling Person Who Was Paid]		Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Numbe	er Stre	eet			_		10/6/2017	\$25.00
City		Si	tate	ZIP Code				
Email	or websit	e address			_			
Person	n Who M	ade the Payment,	if Not	You	_			

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Deb	tor 1 James S. Schillaci Case number (if known)
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
	Do not include any payment or transfer that you listed on line 16.
	✓ No ☐ Yes. Fill in the details.
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.
	✓ No Yes. Fill in the details.
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)
	✓ No Yes. Fill in the details.
P	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.
	✓ No ☐ Yes. Fill in the details.
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?
	✓ No ☐ Yes. Fill in the details.
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?
	✓ No ☐ Yes. Fill in the details.
P	Identify Property You Hold or Control for Someone Else
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.
	✓ No ☐ Yes. Fill in the details.

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Deb	otor 1	James S. Schillaci	Case number (if known)
Р	art 10:	Give Details About Environmental Information	
For	the purp	ose of Part 10, the following definitions apply:	
	hazardou	nental law means any federal, state, or local statute or regulation con is or toxic substance, wastes, or material into the air, land, soil, surfa statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,
		ns any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites.	ntal law, whether you now own, operate, or
		<i>is material</i> means anything an environmental law defines as a hazarde, hazardous material, pollutant, contaminant, or similar item.	dous waste, hazardous substance, toxic
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.
24.	Has any law?	governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental
	✓ No	. Fill in the details.	
25.	Have yo	ou notified any governmental unit of any release of hazardous materia	al?
	✓ No ☐ Yes	. Fill in the details.	
26.	Have you	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and
	✓ No ☐ Yes	. Fill in the details.	
Р	art 11:	Give Details About Your Business or Connections to A	ny Business
27.	Within 4	l years before you filed for bankruptcy, did you own a business or ha s?	ve any of the following connections to any
		A sole proprietor or self-employed in a trade, profession, or other activity A member of a limited liability company (LLC) or limited liability partners! A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	nip (LLP)
	<u> </u>	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.	3.
28.		2 years before you filed for bankruptcy, did you give a financial stater acial institutions, creditors, or other parties.	nent to anyone about your business? Include
	□ No □ Yes	. Fill in the details below.	

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Debtor 1	James S. Schillaci		Case number (if known)
Part 12	: Sign Below		
that answe	ers are true and correct. I under	rstand that making a false statemen nkruptcy case can result in fines up	ments, and I declare under penalty of perjury t, concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years,
X /s/ Jan	nes S. Schillaci	X	
James	S. Schillaci, Debtor 1	Signature of Debtor 2	
Date _	10/16/2017	Date	
Did you at	tach additional pages to Your S	tatement of Financial Affairs for Indi	ividuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone who	is not an attorney to help you fill o	ut bankruptcy forms?
√ No			
Yes. N	lame of person		Attach the Bankruptcy Petition Preparer's Notice,

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Debtor 1 James S. Schillaci First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number	Fill in this information to identify your case:					
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	Debtor 1					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		First Name	Middle Nosse	Loot Norma		
	• •					

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

۱.	For any creditors that you listed in Part 1 of <i>Schedule D: Creditors Who Hold Claims Secured by Property</i> (Official Form 106D), fill in the information below.						
	Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?			Did you claim the property as exempt on Schedule C?	
	Creditor's name:	Ocwen	☑	Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt:	Home		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
	Creditor's name:	West Ridge Cemetery		Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt:	Cemetery Plot		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making pay	mon	te to craditor without	
				Debitor will continue making pay	111611	is to creation without	

reaffirming.

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Deb	otor 1	James S. Schillaci		Case number (if known)
P	art 2:	List Your Unexpired F	Personal Property Lease	s
fill i	n the inf	ormation below. Do not list r	eal estate leases. Unexpired	G: Executory Contracts and Unexpired Leases (Official Form 106G), leases are leases that are still in effect; the lease period has not he trustee does not assume it. 11 U.S.C. § 365(p)(2).
	Describ	pe your unexpired personal p	roperty leases	Will this lease be assumed?
None.				
P	art 3:	Sign Below		
	•	enalty of perjury, I declare that property that is subject to a	•	n about any property of my estate that secures a debt and
		es S. Schillaci	x	
,	James S.	Schillaci, Debtor 1	Signature of D	ebtor 2
ı		/16/2017 // DD / YYYY	Date MM / D	D/YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$75		filing fee administrative fee trustee surcharge
-	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Ba$

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

In i	re James S. Schillaci	Case No.		
		Chapter	7	
	DISCLOSURE OF COMPENSATION OF	ATTORNEY FOR	DEBTOR	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the perservices rendered or to be rendered on behalf of the debtor(s) in contents as follows:	etition in bankruptcy, or	agreed to be paid to me, for	
	For legal services, I have agreed to accept	\$	1,785.00	
	Prior to the filing of this statement I have received	\$	1,785.00	
	Balance Due		\$0.00	
	The source of the compensation paid to me was: ☐ Debtor ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	✓ Debtor			
4.	✓ I have not agreed to share the above-disclosed compensation with associates of my law firm.	h any other person unle	ss they are members and	
	☐ I have agreed to share the above-disclosed compensation with an associates of my law firm. A copy of the agreement, together with compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render legal sen	vice for all aspects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advice to t bankruptcy;	the debtor in determinin	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of affair	rs and plan which may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and confirm	nation hearing, and any	adjourned hearings thereof;	

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

POST PETITION AMENDMENTS
RESCHEDULING OF THE 341 MEETING
SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL
REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/16/2017 /s/ Kenneth S. Borcia

Date Kenneth S. Borcia Bar No. 3125988

Kenneth S. Borcia & Associates 1117 S. Milwaukee, Suite A-3 Libertyville, IL 60048

Phone: (847) 634-8800 / Fax: (847) 634-8932

James S. Schillaci

/s/ James S. Schillaci